

OCT 0 1 2018

Ms. Rebecca Dale, RN, ED Administrator Tithonus Clearfield LP 6600 Brooktree Court, Ste. 1000 Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Clearfield

1300 Leonard Street

Clearfield, Pennsylvania 16830

Certificate #: 447330

Dear Ms. Dale:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 15, 2018 and March 21, 2018, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely

Jácqueline L. Rowe

Director

Enclosure
License Inspection Summary

RECEIVED

## LICENSING INSPECTION SUMMARY Assisted Living Residences - 55 Pa.Code § 2800 WEST REC

SEP 2 0 2018

WEST REGION FIELD OFFICE Human Services Licensing

ALR Name:			,	License Nu 447330	mber:
Colonial Courtyard at	Clearfield			• ·	••
Address:				County:	
1300 Leonard St., Clea	rfield, PA 16830			Clearfield	<b>'</b> ,
Administrator:	The second secon			,*	
Rebecca Dale					
Legal Entity Name:				•	
Tithonus Clearfield LP		***		* .	
Legal Entity Address:					,
6600 Brooktree Court,	Ste. 1000, Wexford, PA 15090				
Certificate(s) of Occup	ancy:			<u>.</u>	, 
I-1 & I-2; 12/28/15; La	wrence Township			+	. •
Type of Inspection:					***************************************
Full				•	•
		***************************************			
Reason(s) for Inspection Renewal	on(s):				
On-Site Inspections Da	tes and Department Representa Lynn Winters Beth Park		-Site: 3/15/18, 3/21/18		
Off-Site Inspection Da	es and inspectors, if Applicable:			*	<b>- 4</b>
		***		* *************************************	
	Resident Demographic I	Data as c	f Inspection Dates	~ <del></del>	
				•	
Licensed Capacity: 74		Numb	er of Residents who:		
**					
Number of Residents S	erveg: 57	Receiv	e Supplemental Security I	ncome: 0	
Secured Dementia Car	e Unit in Home: 17	Are 60	Years of Age or Older: 57		
Area: Life Stories		U *		•	
	55 a 11 1-1	Have N	nental Illness: 0		
Secured Unit Capacity,	п Аррисаріе				
Strong as at Books of	erved in Secured Dementia	Have a	n Intellectual Disability: 0		
Care Unit, if applicable	1	Linua	na-biller stand, ar		
care onit, ii applicable	13	nave a	Mobility Need: 25		
Number of Current Hos	pice Residents: 0	Have a	Physical Disability: 0		
Number of Hospice Res	idents in past year: 5				
					-

Rebecca Dale, ED 9/20/18

Regulation	ing racidoses shall neet the surrent	Ballon
by the Department and a co	and of this chapter in a conspicuous	license, a copy of the current license inspection summary issued and public place in the assisted living residence.
Violation	·	The state of the s
On 3/15/18, a copy of the co	urrent license inspection summary,	dated 10/17/17 and 10/18/17, and a copy of PA code 55,
Chapter 2800 were in a lock	ked cabinet on the bulletin board.	
Plan of Correction		RECEIVED
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## PLAN OF CORRECTION

VEST REGION FIELD OFFICE Liuman Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 3/15/18 and 3/21/18

Date of Submission: 9/20/18

- 1. Violation Review: 2800.3 (d) The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.
- 2. Violation Interpretative Statement: On 3/15/18, a copy of the current license inspection summary, dated 10/17/17 and 10/18/17, and a copy of PA code 55, Chapter 2800 were in a locked cabinet on the bulletin board. While a notice was present indicating how to gain access to the information contained in the locked bulletin board, a key needed to be obtained from staff to access the license inspection and PA code 55, Chapter 2800.
- 3. Review the benefit of the Regulation, per RCG: Permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the residence and the residence's plan to correct any violations found.
- 4. Description of the Repair of the Immediate Problem: A copy of the current license inspection and PA code 55, Chapter 2800 were placed in a labeled binder and placed in an accessible open file holder on the wall near the front lobby of the community.
- 5. Determine / document the Root Cause of the Violation: While a notice was present indicating how to gain access to the information contained in the locked bulletin board, a key needed to be obtained from staff to access the license inspect on and PA code 55, Chapter 2800.
- 6. Detail Action Steps / System Developed to prevent future occurrence: The Executive Director or Designee will be responsible to ensure future updates to the binder occur as needed. Staff will be trained on 9/26/18 that a key is no longer needed to access the license inspection survey or PA code 55, Chapter 2800, and the location of the information for residents or guests to view.

Beberra Dale, 00

Plan of Correction Template

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Regulation			COMMERCIAL COMPANY OF THE PROPERTY OF THE PROP	25 7 1 7018
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(1) Medication self-administration training.		PC(20(13 11103	t include the following.	luman Services Licensir
(2) Instruction on meeting the needs of the residen	its as described	in the assessmer	at tool medical evaluation	on and assume
plan.		3322331101	ic tool, inculcal evaluation	it allo support
(3) Care for residents with dementia, cognitive and	neurological in	npairments.		
(4) Infection control and general principles of clean	liness and hygi-	ene and areas ass	ociated with immobility	cuch ac'
prevention of decubitus ulcers, incontinence, malnu	strition and del	vdration.	, content to the termination to	Sucil da
(5) Assisted living service needs of the resident.			•	:
(6) Safe management techniques.			.'	•
(7) Care for residents with mental illness or mental	retardation, or	both, if the popu	lation is served in the re	sldence.
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Violation			*	* *************************************
Staff person A did not receive training in medication	self-administrat	on and instructio	n on meeting the needs o	of the residents as
described in the assessment tool, medical evaluation	n and support p	lan during the 20	17 training year.	
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1. Violation Review: 2800.65 (i) — Training topics for the annual training for direct care staff Flumen Services Licensing persons must include the following: 1. Medication self-administration training 2. Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation, and support plan. 3. Care for residents with dementia, cognitive, and neurological impairments. 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, mainutrition, and dehydration. 5. Assisted living service needs of the resident. 6. Safe management techniques. 7. Care for residents with mental illness or mental retardation or both, if the population is served in the residence. 2. Violation Interpretative Statement: Staff person A did not receive training in medication selfadministration and instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation, and support plan during the 2017 training year. 3. Review the benefit of the Regulation, per RCG: Ensures that staff persons receive the necessary training to successfully provide essential resident care services. 4. Description of the Repair of the Immediate Problem: Staff person A received training on medication self-administration and meeting the needs of the residents on 5/23/18. 5. Determine / document the Root Cause of the Violation: Staff person A failed to complete all scheduled and required trainings for the 2017 training year. 6. Detail Action Steps / System Developed to prevent future occurrence: A system will be utilized to ensure staff completion of trainings for the 2018 training year and future training years to include a review of incomplete trainings by the Business Office Assistant or Designee prior to the end of the training year. Department Managers will be responsible to ensure completion of required trainings by their employees. Employees and Managers will be trained on this process on 9/26/18. berca Dale BC

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**Authorized Signatur** 

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2800.65(j) – Direct care staff	persons, ancillary staff r	ersons, subst	tute personnel and	l regularly col	andulad valuat	
shall be trained annually in t	he following areas:		***************************************			
(1) Fire safety completed by	a fire safety expert or by	a staff persor	trained by a fire sa	afety expert.	Videos prepar	ed by a
fire safety expert are accepta	able for the training if acc	companied by	an onsite staff per:	son trained b	v a fire safety :	expert.
(2) Emergency preparedness	procedures and recogni	tion and resp	nse to crises and e	mergency sit	uations.	٠,
(3) Resident rights. (4) The Older Adult Protect S	Anviene Act 125 D.C. S.F. 15	177 <b>2 10</b> 1 101	- 700\			
(5) Falls and accident preven		/22J.101-102.	(3.70a).		•	
(6) New population groups ti		ne residence t	 hat were not previo	usly served.	if applicable.	
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   Violation					1	
Staff person A did not have the	e following training durin	g the 2017 tra	ining year.			
Fire safety completed     Fire safety completed	by a fire safety expert o	f by a staff pe	son trained by a fire	e safety expe	rt	,
• Emergency prepared	ness procedures and rec	ognition and i	esponse to crises a	nd emergend	y situations	
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Violation Review: 2800.65 (j) - Direct care staff persons, ancillary staff persons, substitute
personnel, and regularly scheduled volunteers shall be trained annually in the following areas:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crisis and emergency situations.
- 3. Resident Rights.
- 4. The Older Adult Protective Services Act (35 P.S. 10225.101-10225.708).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the residence that were not previously served, if applicable.
- 2. Violation Interpretative Statement: Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and emergency preparedness procedures and recognition and response to crises and emergency situations during the 2017 training year.
- 3. Review the benefit of the Regulation, per RCG: Ensures that all staff who work in the residence are reminded of the residence's emergency procedures and mandated reporting requirements.
- 4. Description of the Repair of the Immediate Problem: Staff person A received training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and emergency preparedness procedures and recognition and response to crises and emergency situations on 6/22/18.
- 5. Determine / document the Root Cause of the Violation: Staff person A failed to complete all scheduled and required trainings for the 2017 training year.
- 6. Detail Action Steps / System Developed to prevent future occurrence: A system will be utilized to ensure staff completion of trainings for the 2018 training year and future training years to include a review of incomplete trainings by the Business Office Assistant or Designee prior to the end of the training year. Department Managers will be responsible to ensure completion of required trainings by their employees. Employees and Managers will be trained on this process on 9/26/18.

Authorized Signature Rebuch Sol	le BD	Date: _	9-20-18
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F	Regulation					: (F) (3 t	
	2800.144 (c) Use of tobac	000				VEST REGION I	
A	A residence that permits sr	noking inside or outside	of the residence	e shall develop	and implement	llunan Servic	os Licensing
p	noceantes filat illoinne file	toliowing.		ı			
	(1) Proper safeguards in	nside and outside of the	residence to p	revent fire hazar	ds involved in sn	noking, including	providing
	menion receptacies	ano asniravs, direct out	side ventilation	3) na Interior ven	filation from the	armatrima th	
	and fire extinguisher	sidence, extinguishing pr s in the smoking rooms.	ocedures, fire	resistant furnitur	e both inside an	d outside of the re	esidence
	(2) Location of a smokin	o room or outside smoki	ino area a safe	distance from h	ant national had		, ,,,,
	or natilitable illatelle	ale gilli away itom comm	ion waikways a	and exits	eat sources, not	water neaters, c	onibustible
	(3) Prohibition of the use	of tobacco during trans	portation by th	e residence			
	and the second s				:.	1	
	iolation				· · · · · · · · · · · · · · · · · · ·	***************************************	) L <del>Minimus (100 - 100 </del>
0	n 3/15/18 at 10:10 AM, ti	nère were broken down	cardboard box	es on 2 plastic c	hairs in the desi	gnated smoking a	area
	utside the back door,					_	
	lan of Correction			***************************************		*******************************	~ · · · · · · · · · · · · · · · · · · ·
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Violation Review: 2800.144 (c) – Use of topacco.

A residence that permits smoking inside or outside of the residence shall develop and Fundan Services Licensing. 1. Violation Review: 2800.144 (c) - Use of tobaccol (1) Proper safeguards inside and outside of the residence to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside of the residence and fire extinguishers in the smoking rooms. (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. (3) Prohibition of the use of tobacco dufing transportation by the residence. 2. Violation Interpretative Statement: On 3/15/18 at 10:10am, there were broken down cardboard boxes on 2 plastic chairs in the designated smoking area outside the back door. 3. Review the benefit of the Regulation, per RCG: Greatly reduces the risk of fire associated with unsafe smoking and ensures that both residents and staff know what must be done in the event of a fire. 4. Description of the Repair of the Immediate Problem: The cardboard was immediately removed from the chairs at the designated smoking area dutside the back door. 5. Determine / document the Root Cause of the Vidlation: Combustible materials were present in an employée smoking area. 6. Detail Action Steps / System Developed to prevent future occurrence: The employee smoking area outside the back door has been eliminated. Employees were notified of this change in writing and this change will be reviewed again on 9/26/18. Reblica Dale 180 Authorized Signature Plan of Correction Template ADM040 Copyright (02000-2014)CCForm or transmitted in any form or by any means, electronic, medianical,

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